

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated on the form or corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

000110 7590 12/20/2005

DANN, DORFMAN, HERRELL & SKILLMAN
 1601 MARKET STREET
 SUITE 2400
 PHILADELPHIA, PA 19103-2307

03/17/2006 HBELETE2 00000073 09856683

01 FC:1501 1400.00 OP
 02 FC:8001 30.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cristin Donahue (Depositor's name)
 Cristin Donahue (Signature)
 March 13, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/856,683	08/23/2001	David J. Vining	VINING PROV	3100

TITLE OF INVENTION: VIRTUAL ENDOSCOPY WITH IMPROVED IMAGE SEGMENTATION AND LESION DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MANTIS MERCADER, ELENI M	3737	600-407000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dann Dorfman Herrell and
 2 Skillman, P.C.
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wake Forest University Health Sciences

Winston-Salem, N.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1406 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date March 13, 2006Typed or printed name Niels HaunRegistration No. 48,488

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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DANN, DORFMAN, HERRELL AND SKILLMAN

A PROFESSIONAL CORPORATION

1601 MARKET STREET • SUITE 2400 • PHILADELPHIA, PA • 19103-2307

PHONE (215) 563-4100 • FAX (215) 563-4044



March 13, 2006

Last Name of First Named Inventor:
VINING

MAIL STOP ISSUE FEE

Application No. 09/856,683

Allowed: December 20, 2005

Attorney Docket No. 0101-P01789US1

Filed: May 23, 2001

For: Virtual Endoscopy With Improved
Image Segmentation And Lesion
Detection

TO THE COMMISSIONER FOR PATENTS:

SUBMISSION OF ISSUE FEE

The above-identified application has been allowed. In response to the Notice of Allowability dated March 20, 2006, enclosed are the following:

1. A copy of form PTOL-85 with authorization to charge Deposit Account No. 04-1406.
2. Check in the amount of \$1430, which includes the issue fee and the cost of ten (10) advance copies.

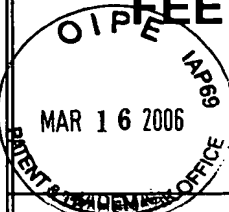
Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN
A Professional Corporation
Attorneys for Applicants

By


Niels Haun

PTO Registration No. 48,488

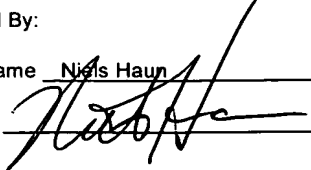
 <h1 style="margin: 0;">FEE TRANSMITTAL</h1>	Complete if known
	Application Number: 09/856,683
	Filing Date: May 23, 2001
	First Named Inventor: Vining
	Group Art Unit: 3737
	Examiner Name: Eleni M. Mantis Merc
Total Amt. of Payment: (1)+(2)+(3)= \$1,430	Attorney Docket Number: 0101-P01789US1

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																								
<p>1. The Commissioner is hereby authorized to:</p> <p><input type="checkbox"/> Charge indicated fees</p> <p><input checked="" type="checkbox"/> Charge additional fees</p> <p><input checked="" type="checkbox"/> Credit overpayments</p> <p>to the account of DANN, DORFMAN, HERRELL & SKILLMAN</p> <p>Deposit Account Number <u>04-1406</u></p> <p>2. Payment enclosed:</p> <p style="text-align: right;">Check in the amount of <u>\$1,430</u></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr><td>Surcharge-late filing fee or oath</td><td>_____</td></tr> <tr><td>Surcharge - late provisional filing fee or cover sheet</td><td>_____</td></tr> <tr><td>Extension for response within first month</td><td>_____</td></tr> <tr><td>Extension for response within second month</td><td>_____</td></tr> <tr><td>Extension for response within third month</td><td>_____</td></tr> <tr><td>Extension for response within fourth month</td><td>_____</td></tr> <tr><td>Notice of Appeal</td><td>_____</td></tr> <tr><td>Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td>Request for oral hearing</td><td>_____</td></tr> <tr><td>Petition to revive unavoidably abandoned application</td><td>_____</td></tr> <tr><td>Petition to revive unintentionally abandoned application</td><td>_____</td></tr> <tr><td>Issue fee</td><td style="text-align: right;">1400</td></tr> <tr><td>Petitions to the Commissioner</td><td>_____</td></tr> <tr><td>Petitions related to provisional applications</td><td>_____</td></tr> <tr><td>Submission of Information Disclosure Stmt.</td><td>_____</td></tr> <tr><td>Recording each patent assignment per property</td><td>_____</td></tr> <tr><td>Other fee (specify) <u>Advance Order (10 copies)</u></td><td style="text-align: right;">30</td></tr> <tr><td>Other fee (specify)</td><td>_____</td></tr> <tr> <td style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">\$0</td> </tr> </table>	Fee Description	Fee Paid	Surcharge-late filing fee or oath	_____	Surcharge - late provisional filing fee or cover sheet	_____	Extension for response within first month	_____	Extension for response within second month	_____	Extension for response within third month	_____	Extension for response within fourth month	_____	Notice of Appeal	_____	Filing a brief in support of an appeal	_____	Request for oral hearing	_____	Petition to revive unavoidably abandoned application	_____	Petition to revive unintentionally abandoned application	_____	Issue fee	1400	Petitions to the Commissioner	_____	Petitions related to provisional applications	_____	Submission of Information Disclosure Stmt.	_____	Recording each patent assignment per property	_____	Other fee (specify) <u>Advance Order (10 copies)</u>	30	Other fee (specify)	_____	SUBTOTAL (1)	\$0
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<p>2. Claims</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Paid</th> <th style="width: 10%;">Extr</th> <th style="width: 20%;">Fee</th> </tr> <tr> <td>Total Claims</td> <td></td> <td></td> <td style="text-align: right;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">SUBTOTAL (2)</td> <td colspan="3">_____</td> </tr> </table>			Paid	Extr	Fee	Total Claims			= 0	Independent Claims		x	= 0	Multiple Dependent (First presentation)				SUBTOTAL (2)	_____																						
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SUBTOTAL (2)	_____																																								

Submitted By: _____

Typed or _____

Printed Name Nils Haun Reg. Number 48,488

Signature  Date March 13, 2006 Deposit Account User ID 04-1406